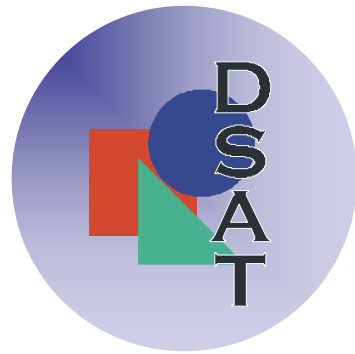
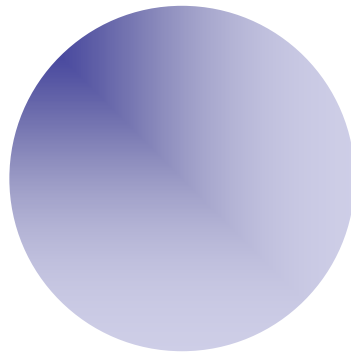
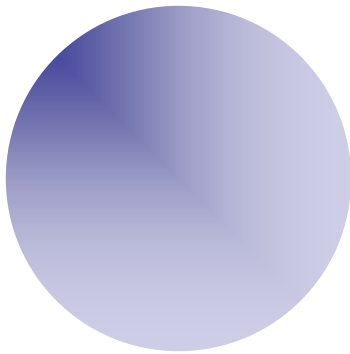


**WOMEN's**  
**COMMUNITY**  
**TREATMENT**  
**PROGRAM**



**COMPREHENSIVE**  
**ASSESSMENT**

## **Differential Substance Abuse Treatment (DSAT) System**

# **COMPREHENSIVE ASSESSMENT FOR THE WOMEN'S COMMUNITY TREATMENT PROGRAMS**

*Developed for the State of Maine, Department of Mental Health,  
Mental Retardation and Substance Abuse Services,  
Office of Substance Abuse (OSA)  
and Implemented in the Maine Drug Court System (DCS)  
Department of Corrections (DOC), and the Community Corrections System*

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Maine Office of Substance Abuse**

**Submitted by:**

***Jamieson, Beals, Lalonde, & Associates Inc.***

Version 2, 2001

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|  |  |
|--|--|
| <b>Name:</b>   | <b>MDOC #:</b>                                   |
|  | <b>Drug Court #:</b>                             |
| <b>Date of Birth M/D/Y:</b>  | <b>Confirm whether:</b>                          |
| <b>Screening Severity Score Level:</b><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | <input type="checkbox"/> Drug Court Referral     |
| <i>Note to Interviewer: if Screening Score Severity is 1 or 2, do not proceed with interview.</i>  | <input type="checkbox"/> Probation Referral      |
| <b>DSAT Treatment Location</b> _____   | <b>Date of Administration</b><br><b>MM/DD/YY</b> |
| <b>DSAT Interviewer</b> _____  | __ / __ / ____                                   |
| <b>Time to complete CA Interview</b>   | <b>Minutes:</b>                                  |
| <b>Time to complete the Rating Scales &amp; Program Recommendation</b>   | <b>Minutes:</b>                                  |

Interviewer Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: The Comprehensive Assessment applies to all Women's DSAT Community Programming (i.e., Women's DSAT Programs), including:

- Women's DSAT Community Treatment Program – Level 3
- Women's DSAT Community Treatment Program – Level 4+
- Women's DSAT Community DSAT Graduates Program – Level 3
- Women's DSAT Community DSAT Graduates Program – Level 4+

**In other words, the Comprehensive Assessment can be used interchangeably for any of the four Women's DSAT (Community) Programs.**

## **1.0                      Introduction**

***SAY: This interview is a follow-up to the screening questionnaires that you completed earlier on your use of alcohol and other drugs. During the interview, I will give you some feedback about your substance use severity level. And, I will be asking you a variety of additional questions about your alcohol and drug use and the effect it has had on your life.***

***The purpose of the questions is to help determine the most appropriate type of treatment for your particular pattern of substance use. I will share the findings with you and with your case manager to assist in planning for the best substance abuse program to meet your treatment needs.***

***The entire interview will take 1 to 1.5 hours to complete. We can take a break at any time if you need one.***

***ASK: Do you have any questions, so far?***

***Note to Interviewer: Answer any questions/concerns, then proceed to next section.***

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## 2.0 Screening Level Feedback

**SAY:** *I'd like to spend a few minutes going over your Screening Level to get your impressions. Before we start, I'd like to explain what we mean by dependence on alcohol and drugs. It means that you begin to feel a strong need to use alcohol or drugs in many situations. The need may be accompanied by physical withdrawal symptoms or psychological cravings or urges to use the substance.*

Note to Interviewer: Select description from the right hand box for appropriate Severity Level: Moderate, Substantial, or Severe.

**SAY:** *According to the screening that you completed, the results show a \_\_\_\_\_ level of dependence.*

**ASK:** *What do you think about your screening level result?*

Note to Interviewer: Write down any comments from the interviewee below. Use reflective listening and provide only objective feedback. Do not comment on your impression of the rating — find out what the interviewee thinks about the rating.

**MODERATE** means that your score falls into the mid level of dependence that is measured. At this level, the user sometimes experiences psychological dependence and other problems with substances. There may be some signs of physical dependence.

**SUBSTANTIAL** means that your score falls into the second highest level of dependence that is measured. At this level, the user sometimes experiences physical dependence and other problems with substances.

**SEVERE** means that your dependence score falls into the highest level of dependence that is measured. At this level, the user often experiences physical dependence and other problems with substances.

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### **3.0                    Comprehensive Assessment Interview**

***SAY: Now I'd like to ask you some questions about yourself, your substance use and how you think about situations in which you have been using substances.***

***Later on I would like to look at some problem scenarios to see how you might handle those situations.***

***For all the questions I ask, please answer as completely and as honestly as you can. If you are not clear about a question, please ask me to explain. Or if you don't know the answer, I would rather have you simply say you don't know the answer than to tell me something that is not accurate. Do you have any questions before we begin?***

**Note to Interviewer:** Answer any questions/concerns, then proceed with the interview.

#### **3.1                    Sentence Information**

1. Current charge/offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If Probation client, specify terms/dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If Drug Court client, specify terms/dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **3.2                    Employment Status**

1. Are you currently employed outside the home, or participating in an educational or training program?  
☐ Y Specify \_\_\_\_\_  
☐ N

1. What is the highest level of education you obtained?

*Note to Interviewer: check only the highest level obtained, specifying the diploma or if incomplete, the grade or level completed*

- ☐ Elementary School: \_\_\_\_\_
- ☐ High School: \_\_\_\_\_
- ☐ College: \_\_\_\_\_
- ☐ Vocational Institute: \_\_\_\_\_
- ☐ University: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

3. Are you currently licensed or qualified in any profession or trade?

- ☐ Y: Specify: \_\_\_\_\_
- ☐ N

4. Have your reading and writing skills ever been tested?

- ☐ Y: Specify when/test result: \_\_\_\_\_
- ☐ N

*Note to Interviewer: if N, probe if the interviewee has ever experienced problems reading or writing. If required, make a referral for assessment.*

5. Could you describe your current income and financial situation?

Income (e.g. from employment, and any forms of assistance):

Debts:

Assets:

*Note to Interviewer: Clarify, as appropriate, any financial conditions or requirements that may relate to participation in DSAT.*

### 3.3 Housing Situation

1. Could you describe your current housing situation:

*Note to Interviewer: check one and provide a brief description. If required make a referral for further assistance.*

- ☐ Own home: \_\_\_\_\_
- ☐ Rented accommodation: \_\_\_\_\_
- ☐ Shelter: \_\_\_\_\_
- ☐ Homeless: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### 3.4 Drug and Alcohol Use

1. At what age did you first try alcohol and/or drugs?

**Alcohol:** \_\_\_\_\_ **Drugs:** \_\_\_\_\_  
Age Age

2. What kinds of alcohol and/or drug(s) did you use that first time?

List:

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3. At what age would you say alcohol and/or drugs first became a problem for you or had a negative effect on your life?

**Alcohol:** \_\_\_\_\_ **Drugs:** \_\_\_\_\_  
Age Age

4. What alcohol and/or drug(s) would you say has caused the greatest problems for you?

List:

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**CLARIFY** the interviewee's pattern of use for each **substance identified as being a problem, using the following chart.**

***Note to Interviewer:** Include both use of illicit drugs and misuse, or inappropriate use of licit drugs (e.g., prescription drugs, including methadone). For each substance the person identifies as a problem, put an "X" next to that substance on the record sheet. Working down the list of substances "X'd" from top to bottom, ask the person each of the questions in the respective columns proceeding left to right across the grid. Do this for each of the substances the person has identified as a problem." The "More than one substance per day" is a separate category (treat it as though it was a single drug) for which all the column questions get asked. Under some of the columns, there may be more than one answer (i.e., alcohol, cocaine and heroin might get "oral, sniffed, injected" under route of administration).*

| Substance                       | Age 1st Use | Use 30 Days Before Arrest: | # Years Use Lifetime | Route of Administration* | Date of Last Use (M/D/Y) |
|---------------------------------|-------------|----------------------------|----------------------|--------------------------|--------------------------|
| Alcohol — Any Use               |             |                            |                      |                          |                          |
| Alcohol to Intoxication         |             |                            |                      |                          |                          |
| Heroin                          |             |                            |                      |                          |                          |
| Methadone                       |             |                            |                      |                          |                          |
| Other Opiates/Analgesics        |             |                            |                      |                          |                          |
| Cocaine                         |             |                            |                      |                          |                          |
| Amphetamines                    |             |                            |                      |                          |                          |
| Cannabis                        |             |                            |                      |                          |                          |
| Barbiturates                    |             |                            |                      |                          |                          |
| Other Sed/Hyp/Tranq.            |             |                            |                      |                          |                          |
| Hallucinogens                   |             |                            |                      |                          |                          |
| Inhalants                       |             |                            |                      |                          |                          |
| More than one substance per day |             |                            |                      |                          |                          |

\*Specify Route of Administration: Oral    Nasal    Smoking    Injection



5. Which substances have you used most and how much did you use at height of use:

| Type of Substance | Amount of Use | # of Times Per Week |
|-------------------|---------------|---------------------|
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |

6. *For Interviewer only: According to your assessment, which substance(s) are the interviewee's major problems (check all that apply).*

- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Alcohol to Intoxication | <input type="checkbox"/> Barbiturates        | <input type="checkbox"/> Cannabis           | <input type="checkbox"/> Poly Drug |
| <input type="checkbox"/> Heroin                  | <input type="checkbox"/> Other Sed/Hyp/Tranq | <input type="checkbox"/> Hallucinogens      |                                    |
| <input type="checkbox"/> Methadone               | <input type="checkbox"/> Cocaine             | <input type="checkbox"/> Inhalants          |                                    |
| <input type="checkbox"/> Opiates/Analgesics      | <input type="checkbox"/> Amphetamines        | <input type="checkbox"/> Alcohol plus drugs |                                    |

7. How many times have you ever:

Had alcohol DTs? \_\_\_\_\_ ☐ Never  
Overdosed on drugs? \_\_\_\_\_ ☐ Never

8. How many times in your life have you been treated for (read all three options):

Alcohol Abuse? \_\_\_\_\_ ☐ Never  
Drug Abuse? \_\_\_\_\_ ☐ Never  
Alcohol and Drug Abuse? \_\_\_\_\_ ☐ Never

9. How many of these were detoxification only (that is, you left the program as soon as you had detoxed with no further treatment)?

Alcohol? \_\_\_\_\_  
Drugs? \_\_\_\_\_  
Alcohol and Drug Abuse ? \_\_\_\_\_

### 3.5 Past Treatment Experience(s)

1. How long ago were you last in treatment? MM/DD/YYYY  
\_\_\_\_/\_\_\_\_/\_\_\_\_

2. Name of last Treatment Program: \_\_\_\_\_

3. Location of Treatment Program: \_\_\_\_\_

4. How useful was this Treatment Program in helping you to change your substance use behavior?

\_\_\_\_\_

5. Have you ever been in the Women's DSAT programs before?

☐ Y (If Y, go to Q. 6)

☐ N (If N go to section **3.5**)

6. Which Women's DSAT programs, when and at which level:

Prison: \_\_\_\_\_ Dates: From   /  /  /   to   /  /  /  

Community: \_\_\_\_\_ Dates: From   /  /  /   to   /  /  /  

Check Level:      ☐ 1   ☐ 2   ☐ 3   ☐ 4+

7. Did you complete the intensive and maintenance phases of the Women's DSAT programs?

☐ Y

☐ N Specify \_\_\_\_\_

8. What were the most useful skills that you learned in the Women's DSAT programs?

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

9. Describe in detail the Relapse Prevention Plan that you developed while participating in the Women's DSAT programs:

Start with a description of your high-risk situations (probe for details):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

10. How often do you use the skills taught in the Women's DSAT programs in your everyday life?

- ☐ Never      ☐ Sometimes      ☐ Most of the time      ☐ Always

11. On a scale of 1 to 10, how helpful were the Women's DSAT programs in helping you to change your substance use behavior?

1      2      3      4      5      6      7      8      9      10



### 3.6 Relapse Potential

1. Since you began using alcohol and/or drugs, how many times have you ever completely stopped using, even if only for a day or two? \_\_\_\_\_
2. How many of these times were on your own, without any treatment? \_\_\_\_\_
3. How many of these times were with help, i.e., treatment, attendance at AA/NA? \_\_\_\_\_
4. How long was your last period of voluntary abstinence, outside of any hospital or treatment program?  
\_\_\_\_\_ days  
\_\_\_\_\_ months  
☐ Never Abstinent.
5. It sounds as though you have stopped and then relapsed \_\_\_\_\_ times (**insert number of relapses**). Is that correct? ☐ Y      ☐ N
6. Please describe what happened to cause you to return to substance use at each relapse

***Note to Interviewer:** Have interviewee describe each relapse beginning with most recent and working backwards in time. Prompt for triggers for each relapse. Only record information for the three most recent relapses.*

Relapse 1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relapse 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relapse 3: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you used any alcohol or drugs since you were arrested? ☐ Y ☐ N

On a scale of 1-10 with 1 being "Not at all confident" and 10 being "Completely Confident," how confident are you that you will be able to remain abstinent from alcohol and/or drugs when you are finished with your *[probation or drug court participation]*?

1      2      3      4      5      6      7      8      9      10



### 3.7 Criminal History

**SAY:** *Now I'd like to explore the relationship between your charge/offense and your substance use.*

1. What were the circumstances leading to your most current charge(s)/offense(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Were you under the influence of alcohol or drugs at the time you committed this offense(s)?

☐ Y ☐ N

3. If Yes, please describe your substance use on the day of the offense in as much detail as you can

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4. Think back to all of the times you have committed crimes in your life, including those for which you were never caught. How many of these crimes were committed while under the influence of alcohol or drugs, or in order to get money to buy alcohol or drugs?

☐ None    ☐ Some (less than half)    ☐ Most (more than half)    ☐ All of them

### 3.8        **Health Status**

**SAY:** *Now I'd like to explore your the relationship between your health and your substance use.*

1. Do you feel that your substance abuse has affected your physical health (e.g. liver damage, as well as accidents, injuries)?

☐ Y    Specify \_\_\_\_\_  
☐ N

2. Have you ever been tested for HIV?

☐ Y    Test Result: \_\_\_\_\_  
☐ N

If test result is positive,

**ASK:** Do you feel that your substance abuse has contributed to your HIV status? (if Y, ask in what way)

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3. Have you ever been tested for Hepatitis C?

- ☐ Y Test Result: \_\_\_\_\_
- ☐ N

If test result is positive,

**ASK:** Do you feel that your substance abuse has contributed to you contracting Hepatitis C  
(If Y, ask in what way)

\_\_\_\_\_

4. Do you have any ailments or physical conditions you believe may inhibit your participation in treatment?

- ☐ Y Specify \_\_\_\_\_
- ☐ N

5. Do you have any disabilities may inhibit your participation in treatment (e.g. a learning disability, a hearing disability, a vision disability)

- ☐ Y Specify \_\_\_\_\_
- ☐ N

6. Do you currently have a general physician?

- ☐ Y Name, Address: \_\_\_\_\_
- ☐ N

7. Is any medical professional for any matter concerning your health currently treating you?

- ☐ Y Specify Medical Professional's Name, Nature of treatment
- \_\_\_\_\_

☐ N

8. Are you taking any prescribed medication?

- ☐ Y Specify medication and reason \_\_\_\_\_
- \_\_\_\_\_
- ☐ N

Are you taking any other medications (e.g. over-the-counter)?

- ☐ Y Specify medication and reason \_\_\_\_\_
- \_\_\_\_\_
- ☐ N



9. Are you currently on medication to address a substance abuse problem (e.g. temposal/antabuse)?

☐ Y Specify medication and reason \_\_\_\_\_

☐ N

10. Have you ever been pregnant?

☐ Y Specify number of times \_\_\_\_\_

☐ N

11. Are you currently pregnant?

☐ Y How do you think your substance use will be affected by this pregnancy?

\_\_\_\_\_

☐ N

**Note to Interviewer:**

*If a mental health professional is currently treating the interviewee, say that you would like a release to contact the provider to obtain confirmation of the problem, the mental health professional's orders for treatment, as well as information on the types of medication(s) the interviewee is currently taking. Also advise the interviewee, if warranted, that you will be consulting you're your agency's medical director, and where appropriate, offer referrals for the interviewee to be examined by a mental health professional.*

### **3.9 Military Status**

1. Have you ever performed military service?

☐ Y Specify: \_\_\_\_\_

☐ N

If Y,

**ASK:** Do you feel that your experience in the military has affected your substance abuse problems? (If Y, ask in what way)

\_\_\_\_\_  
\_\_\_\_\_

**Note to Interviewer:** *If the interviewee has performed military service for the United States of America, determine whether the interviewee is currently receiving support. Describe, as appropriate, your agency's responsibilities in assisting participants to obtain support and where appropriate, indicate how you could assist in this case.*

### 3.10 Spirituality

1. Are you currently practicing any spiritual beliefs?

☐ Y: Specify: \_\_\_\_\_

☐ N

2. Were you raised in a family that practiced any spiritual beliefs?

☐ Y: Specify: \_\_\_\_\_

☐ N

**If Y to 1 and/or 2, ASK:** Do you feel that your experience(s) with spirituality has affected your substance abuse problems? (If Y, ask in what way).

\_\_\_\_\_

### 3.11 Cultural Considerations

1. Are there any cultural factors that you feel are important to consider, in looking at your substance abuse problems? (If Y, ask in what way)

\_\_\_\_\_

### 3.12 Social/Family Support

**SAY:** *Now I'd like to explore your social and family situation and how that relates to your substance use.*

1. Are you currently:

☐ Married

☐ Remarried

☐ Divorced

☐ Single

☐ Separated

☐ Common Law

☐ Other

Note to Interviewer: *If interviewee has a current partner (including spouse, common law, other), ask next questions*

2. How long have you been with your current partner? \_\_\_\_\_ months

3. Does your partner use alcohol or drugs at all?

☐ Y ☐ N

If Y, how much and how often does your partner use alcohol and/or drugs?

| Type of Substance | Amount of Use | # of Times Per Week |
|-------------------|---------------|---------------------|
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |
|                   |               |                     |

4. How do you think your partner's use affects:

Your substance use?

\_\_\_\_\_

Your substance abuse treatment goals?

\_\_\_\_\_

5. How supportive is your partner of your being involved in substance abuse treatment?

☐ Not At All ☐ Somewhat Supportive ☐ Very Supportive ☐ Completely Supportive

6. Do you have children?

☐ Y ☐ N

If yes, for each child specify ages, custody/living/caregiving arrangements.

Child 1: Age \_\_\_\_\_ Arrangement \_\_\_\_\_

Child 2: Age \_\_\_\_\_ Arrangement \_\_\_\_\_

Child 3: Age \_\_\_\_\_ Arrangement \_\_\_\_\_

Child 4: Age \_\_\_\_\_ Arrangement \_\_\_\_\_

7. How would you say your children are affected by your substance use?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Would you say you have had close, long-lasting personal relationships with any of the following people in your life (in the past 30 days or ever)?

|                |              |   |   |      |   |   |     |
|----------------|--------------|---|---|------|---|---|-----|
| Mother         | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Father         | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Brother(s)     | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Sister(s)      | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Spouse/Partner | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Children       | Past 30 Days | Y | N | Ever | Y | N | N/A |
| Friends        | Past 30 Days | Y | N | Ever | Y | N | N/A |

9. Have you attended AA/NA or other support groups for people overcoming addictions in the past?

☐ Y      ☐ N

If Y, How helpful have those support groups in helping you to change your substance use?

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10. Who are you currently living with?

☐ Spouse/partner

☐ Parents

☐ Friends

☐ Alone      ☐ Other \_\_\_\_\_

11. Is there anyone in the place you live who uses alcohol/drugs?

☐ Y      ☐ N      ☐ Don't Know

If Y, how does that use affect your substance use behavior?

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12. From your point of view, is your current relationship abusive in any way ?

☐ Y      ☐ N

If Y, could you describe how the relationship is abusive?

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13. Have you ever been in any abusive relationships in the past? (family of origin or intimate adult relationship)

☐ Y      ☐ N

If Y, could you describe how the relationship(s) was/were abusive?

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14. On a scale of 1-10 with 1 being “not at all supportive” to 10 being “completely supportive, how supportive do you think your family and friends are of your involvement in substance abuse treatment?

1      2      3      4      5      6      7      8      9      10



### 3.13 Motivation and Commitment to Abstinence

*Note to Interviewer: Ask this question, in cases where alcohol use has been identified.*

**ASK: Which of the following comes closest to describing your personal goal with respect to alcohol use when you complete your [participation in the drug court program/probation].**

- ☐ I will stop drinking altogether for life.
- ☐ I will stop drinking for a time and then re-evaluate whether I will drink again or not.
- ☐ I will continue to drink, but at a moderate level.
- ☐ I will continue to drink pretty much as I did in the past

*Note to Interviewer: Ask this question, in cases where drug use has been identified.*

**ASK: Which of the following comes closest to describing your personal goal with respect to drug use when you complete your [probation or participation in the drug court program].**

- ☐ I will stop using all drugs for life.
- ☐ I will stop using hard drugs but I may smoke some marijuana from time to time.
- ☐ I will continue to use drugs, but a reduced level.
- ☐ I will continue to use drugs pretty much as I did in the past.

### **3.14      Mental Health Status**

1. Have you ever been treated for any psychological or emotional problems?

☐ Y    Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ N

If Y, How many times have you been treated for any psychological or emotional problems?

In a hospital:        \_\_\_\_\_

As an outpatient:    \_\_\_\_\_

2. Have you ever been prescribed medication for your emotion(s)?

☐ N

☐ Y    Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you had a significant period (that was not a direct result of alcohol/drug use) in which you have: (0= No, 1=Yes)

|   | Past 30 Days             | In your Life             |
|---|--------------------------|--------------------------|
| • Experienced serious depression                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experienced serious anxiety or tension                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experienced hallucinations                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experienced trouble understanding, concentrating or remembering | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experienced trouble controlling violent behavior                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Experienced serious thoughts of suicide                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Attempted suicide   | <input type="checkbox"/> | <input type="checkbox"/> |

*Note to Interviewer:*

*If a mental health professional is currently treating the interviewee, say that you would like a release to contact the provider to obtain confirmation of the problem, the mental health professional's orders for treatment, as well as information on the types of medication(s) the interviewee is currently taking. Also advise the interviewee, if warranted, that you will be consulting you're your agency's medical director, and where appropriate, offer referrals for the interviewee to be examined by a mental health professional.*

### 3.15 Problem-Solving Scenarios

**SAY:** *Now I would like to read you a number of situations. After listening to each one, please tell me all of the things you think you could or would do if you were in the situation.*

Note to Interviewer: *Write down responses as verbatim as possible.*

1. It is New Year's Eve. In the past, you've always celebrated New Year's Eve by really getting high, but earlier this year you made a decision to stay off alcohol/drugs completely. You have been to treatment a couple of times, and you feel pretty good about your goal of abstinence. A new friend of yours is having a party. You've gone over to her place to help her get ready for the party. You're feeling a bit anxious because there will be people there you don't know. When people start to arrive it is clear they are ready to celebrate the New Year. Very soon after they arrive, the alcohol and drugs are flowing freely. Someone offers you one of your favorite drinks/drugs and tells you that you look like you need to have a good time. What do you do?

**On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?**

1      2      3      4      5      6      7      8      9      10





2. You've met somebody new and you've now been going out for a couple of months — usually to see a movie or to go for coffee. He doesn't know you have a problem with drinking/drugs and have to abstain from all intoxicants. The two of you are really starting to click. For the past three Fridays he's been asking you to join him and some friends for after-work drinks. You've always found an excuse, but he's starting to get impatient. You are worried he thinks you want to dump him. From what he's told you, you are aware that a number of his friends like to really let loose on Fridays. It's his birthday this weekend and he really wants you to come with him. It is 2 o'clock on Friday afternoon and you are thinking about your new boyfriend. What do you do?

***On a Scale of 1-10 with 1 being “No confidence at all” and 10 being “Completely confident” how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



3. It's Saturday afternoon and you are at home listening to music. You are starting to get tired of staying home so often and feel a bit down and lonely. You go for a walk around your old neighborhood and bump into a girlfriend you haven't seen in a while, and her new boyfriend. You invite them back to your apartment for a coffee. You know there is a good chance that your friends will either have drugs or alcohol or know where to get them. Even though you have been able to resist using for the past two months you start feeling that you would like to use. "After all," you say to yourself, "just this once won't hurt." You try to forget about things by playing some music and catching up on some news. Right around this time, your friends start to cut some lines of high quality coke on your coffee table and then offer a line to you. What do you do? (*Note to Facilitators:* Replace with alcohol example, if required.)

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



**Note to Facilitators:** Skip this scenario if the interviewee has never used alcohol.

4. You are out with your partner at a party. You both drank way more than you planned to and it's time to go home. Earlier that night, you told your boyfriend that you would drive home. But you know for sure you are over the legal limit to drive — and so is he. A cab ride home will cost at least \$30.00 and between the two of you, you only have \$15.00. You also know of a back road route that is hardly ever patrolled by the police. Your boyfriend needs the car the next morning to get to work. He wants you to drive because he's already got one conviction for drinking and driving. What do you do?

***On a Scale of 1-10 with 1 being “No confidence at all” and 10 being “Completely confident” how confident are you that you handle this situation safely?***

1      2      3      4      5      6      7      8      9      10



5. You feel as though life hasn't been very kind to you lately. Last evening, your landlord told you he is raising the rent. As you left work this evening, your boss told you that he was cutting back your hours. You're feeling really upset and like your life is going backwards. You find yourself walking past a bar you used to go to, and where you used to drink and buy drugs. You know that you could get some drugs there. You start to remember the feeling of being high. You begin to think it would be a good idea to set your worries aside by scoring some drugs, going home, and getting high, but you have been abstinent from alcohol and drugs for the past six months. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



### **3.16**            **Interview Wrap-Up**

**SAY:** *Thank you for completing this interview. Do you have any questions or comments about it?*

**REVIEW** next steps with interviewee.

**CLOSE** the interview.

# Interview Rating Sheet

Interviewer should now complete the Interview Rating Sheet (immediately following the interview).

|              |   |
|--------------|---|
| <b>Name:</b> | <b>MDOC Number:</b>   |
|              | <b>Indicate whether:</b><br><br><input type="checkbox"/> <b>Drug Court Referral</b><br><br><input type="checkbox"/> <b>Probation Referral</b> |

*Note to Interviewer: This rating sheet is designed to assist the Interviewer in collating and organizing the data gathered in the Comprehensive Assessment to provide a clinical summary. It may also be used for research purposes.*

*Please refer to the all of the interviewee's completed questionnaires when answering the following questions:*

|  |   |   | <u>Pts</u>   |
|--|---|---|--------------|
| 1. Does the interviewee report using alcohol only?   | Y | N | (No=1) ____  |
| 2. Does interviewee report onset of substance use other than nicotine prior to age 14?                           | Y | N | (Yes=1) ____ |
| 3. Does interviewee report daily use at height of use?   | Y | N | (Yes=1) ____ |
| 4. Has interviewee had more than two treatment episodes, including detox?  | Y | N | (Yes=1) ____ |
| 5. Was interviewee's longest period of voluntary abstinence shorter than 30 days?                                | Y | N | (Yes=1) ____ |
| 6. Is interviewee able to readily identify any plausible relapse triggers for most recent relapses?              | Y | N | (No= 1) ____ |
| 7. Has interviewee used since arrested?  | Y | N | (Yes=3) ____ |
| 8. Does interviewee report most or all of offenses drug-related?   | Y | N | (Yes=3) ____ |
| 9. Does interviewee report close relationships with none or only one individual?                                 | Y | N | (Yes=1) ____ |
| 10. Does interviewee report either minimal support for efforts at treatment or anticipation of living with user? | Y | N | (Yes=1) ____ |
| 11. Does interviewee report intention other than abstinence for the future?                                      | Y | N | (Yes=1) ____ |
| <b>Total Score:</b>  |   |   | ____         |

## Pre-Treatment Rating Scale

### 1. Recognition of Substance Abuse Problem (To what extent does she recognize the specific short- and long-term effects of her substance use?)

| 1   | 2 | 3  | 4 | 5  |
|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Denies, or does not recognize having a significant problem with substances.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes many negative effects due to her substance use but minimizes or down plays the extent of her problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Openly recognizes numerous negative effects of her use and openly accepts having a significant drug/alcohol problem.</li> </ul> |

### 2. Degree of Understanding of Personal Use (To what extent does she recognize her specific reasons, or desired effect, for using drugs/alcohol?)

| 1   | 2 | 3   | 4 | 5   |
|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>Has no clear understanding of why she uses alcohol/drugs.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific reasons for her use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify the exact reasons for her use.</li> </ul> |

### 3. High-Risk Identification Skills (To what extent does she recognize the specific people, places, things and emotions that trigger her desires to use?)

| 1  | 2 | 3  | 4 | 5   |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>Makes no connection between people, places, things, events, emotions and drug/alcohol use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific triggers and their connections to using but does not recognize their full risk.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify many personal triggers and the risks they represent.</li> </ul> |

### 4. Problem Solving (How effective are her skills to identify a problem and employ appropriate steps to arrive at a solution that effectively addresses the problem?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>Applies a haphazard approach that results in ineffective solutions that create more problems for self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes some of the potential problems being faced and applies an approach that addresses some of the problem but does not bring closure to problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes when problems are developing and applies a coherent problem-solving process that completely addresses the problem.</li> </ul> |

- 5. Social Skills** (How effective are her verbal and non-verbal communication skills, such as assertiveness, engaging in conversation and presenting self well, when interacting with others?)

| 1   | 2 | 3  | 4 | 5  |
|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Interactions with others are generally seen as negative, by self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Is somewhat effective with interactions with others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Interacts effectively with others.</li> </ul> |

- 6. Goal Setting** (To what extent does she accept the need to address her life areas, such as lifestyle, leisure, family, relationships, self-care and employment, and how detailed and realistic are her steps for making lasting changes in these areas?)

| 1  | 2 | 3  | 4 | 5  |
|--|---|--|---|--|
| <ul style="list-style-type: none"> <li>Any set steps to achieve goals are flimsy at best.</li> </ul> |   | <ul style="list-style-type: none"> <li>Steps to achieving goals are somewhat unrealistic and under-developed.</li> </ul> |   | <ul style="list-style-type: none"> <li>Has well-developed short- and long-term steps to achieve her goals</li> </ul> |

- 7. Level of Commitment to Making Changes** (How committed is she to making the necessary changes to her life in order to maintain long-term behavior change?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>No commitment.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes that she should make some changes, but is so far unwilling to commit to any plans.</li> </ul> |   | <ul style="list-style-type: none"> <li>Fully accepts her need to make changes and is committed to doing what ever it takes to reach her goals.</li> </ul> |

- 8. Overall Coping Skills** (How effective are her thinking and behavioral skills to prevent risk situations, or to cope with risk situations to avoid slips and relapses?)

| 1  | 2 | 3  | 4 | 5  |
|--|---|--|---|--|
| <ul style="list-style-type: none"> <li>Demonstrated or described thinking and behavioral methods would likely create risk situations and result in a slip or relapse.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can demonstrate or identify some reasonably effective measures to avoid or cope with a risk situation.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify or demonstrate action and thinking strategies to cope effectively with potential risk situations.</li> </ul> |

***Now, review the pattern of responses of the above Rating Scale to determine the overall pattern of skill deficits.***

***Use the results from the scales to guide your assessment and recommendation.***



## Clinical Considerations & Follow up

Specify any additional clinical considerations and action required at this time (e.g. referrals to other resources, further assessments or tests).

| Consideration | Action | Follow-up |
|---------------|--------|-----------|
|               |        |           |
|               |        |           |
|               |        |           |
|               |        |           |
|               |        |           |
|               |        |           |

*Notes:*

## Final Recommendation

### Program Recommendation:

Provide a clear written rationale to support your assessment and recommendation for treatment. Communicate this information to the appropriate Drug Court or Community Corrections staff.

| Screening Level | Program Recommendation |
|-----------------|------------------------|
| Level 3         | Level 3                |
| Level 4         | Level 4+               |
|                 | Other:                 |

Interviewer Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Clinical Summary/Justification:

### Pattern of Substance Abuse Behavior and Crime:

### Recognition/Understanding of Substance Abuse Problem:

**Motivation to Change:**

**Pattern of Skills Deficits that Can be Addressed in the DSAT Program::**

**Other Clinical Considerations and/or Ancillary Service Needs:**

**Participant  
Summary  
Booklet**

## CHART OF MEASURES

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*Note to Facilitators:* The Participant Summary Booklet is designed to provide you with an easy method of organizing all assessment measures that you administer over the course of the DSAT program. This includes: all in-program performance measures (i.e., psychometric tools); all problem solving scenarios, and the facilitator rating scales. You are asked to insert information collected over the course of the delivery of the Women's DSAT Community Treatment program directly into the Participant Summary Booklet.

Figure One presents a chart that maps out all of the assessment instruments that you administer over the course of delivering the DSAT program. The measures are listed according to the sequence in which you administer these tools over the course of your program delivery. Your task is to record information that you collect over the course of program delivery into this booklet.

**Figure One**

|          |   |
|----------|---|
| <b>A</b> | <b>Conduct Comprehensive Assessment</b>                                   |
|          | 1. Read Problem Solving Scenarios   |
|          | 2. Complete Overall Rating Sheet  |
|          | 3. Administer Pre-Treatment Questionnaire Battery                         |
| <b>B</b> | <b>Conduct Intensive Phase of Program</b>                                 |
|          | 1. Administer Inventory of Drug-Taking Situations (IDTS) in Session 5     |
|          | 2. Administer Post-Intensive Questionnaire Battery                        |
|          | 3. Read Problem-Solving Scenarios   |
|          | 4. Complete Post-Program Facilitator Ratings                              |
| <b>C</b> | <b>Conduct Maintenance Phase of Program</b>                               |
|          | 1. Administer Pre-Maintenance Drug Taking Confidence Questionnaire (DTCQ) |
|          | 2. Administer Post-Maintenance DTCQ                                       |
|          | 3. Post-Maintenance Questionnaire Battery                                 |
|          | 4. Read Problem-Solving Scenarios   |
|          | 5. Complete Post-Maintenance Facilitator Ratings                          |

## QUESTIONNAIRE BATTERY SCORES

**A-3**

### Pre-Treatment Questionnaire Battery Scores

Note to Facilitators: After administering the Pre-Treatment Questionnaires during the Intensive Phase of the DSAT program, transfer the final scores into the space provided in the chart below. Questionnaire 1 Alcohol and Drug Refusal Self-Efficacy (ADRSEQ); Questionnaire 2 Drug Avoidance Self-Efficacy Scales (DASES); Questionnaire 3 Coping Behaviors Inventory (CBI); Questionnaire 4 Commitment Scales.

| 1. ADRSEQ    |  |                  |
|--------------|--|------------------|
| <b>SPS-E</b> |  | <i>out of 72</i> |
| <b>ERS-E</b> |  | <i>out of 66</i> |
| <b>OS-E</b>  |  | <i>out of 48</i> |

| 2. DASES      |  |                   |
|---------------|--|-------------------|
| <b>Total:</b> |  | <i>out of 112</i> |
| 3. CBI        |  |                   |
| <b>Total:</b> |  | <i>out of 108</i> |

| 4. Commitment Scales |  |                 |  |               |                 |
|----------------------|--|-----------------|--|---------------|-----------------|
| <b>Abstain</b>       |  | <i>from 0-9</i> |  | <b>Change</b> | <i>from 0-9</i> |

**B-2**

### Post-Intensive Questionnaire Battery Scores

Note to Facilitators: After administering the Post-Intensive Questionnaires during the Intensive Phase of the DSAT program, transfer the final scores into the space provided in the chart below.

| 1. ADRSEQ    |  |                  |
|--------------|--|------------------|
| <b>SPS-E</b> |  | <i>out of 72</i> |
| <b>ERS-E</b> |  | <i>out of 66</i> |
| <b>OS-E</b>  |  | <i>out of 48</i> |

| 2. DASES      |  |                   |
|---------------|--|-------------------|
| <b>Total:</b> |  | <i>out of 112</i> |
| 3. CBI        |  |                   |
| <b>Total:</b> |  | <i>out of 108</i> |

| 4. Commitment Scales |  |                 |  |               |                 |
|----------------------|--|-----------------|--|---------------|-----------------|
| <b>Abstain</b>       |  | <i>from 0-9</i> |  | <b>Change</b> | <i>From 0-9</i> |

**C-3****Post-Maintenance  
Questionnaire Battery Scores**

*Note to Facilitators:* After administering the Post-Maintenance Questionnaires during the Maintenance Phase of the DSAT program, transfer the final scores into the space provided in the chart below. Questionnaire 1 Alcohol and Drug Refusal Self-Efficacy (ADRSEQ); Questionnaire 2 Drug Avoidance Self-Efficacy Scales (DASES); Questionnaire 3 Coping Behaviors Inventory (CBI); Questionnaire 4 Commitment Scales.

| <b>1. ADRSEQ</b> |  |                  |
|------------------|--|------------------|
| <b>SPS-E</b>     |  | <i>out of 72</i> |
| <b>ERS-E</b>     |  | <i>out of 66</i> |
| <b>OS-E</b>      |  | <i>out of 48</i> |

| <b>2. DASES</b> |  |                   |
|-----------------|--|-------------------|
| <b>Total:</b>   |  | <i>out of 112</i> |
| <b>3. CBI</b>   |  |                   |
| <b>Total:</b>   |  | <i>out of 108</i> |

| <b>4. Commitment Scales</b> |  |                 |  |               |                 |
|-----------------------------|--|-----------------|--|---------------|-----------------|
| <b>Abstain</b>              |  | <i>from 0-9</i> |  | <b>Change</b> | <i>from 0-9</i> |

**B-1****Inventory of Drug-Taking Situations (IDTS)**

**Note: Administer the IDTS in Session 5 of the DSAT Program.**

Note to Facilitators: After administering the IDTS during the fifth session of the Intensive Phase of the DSAT program, transfer the final scores into the space provided in the chart below.

**Drug of Choice #1:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #2:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #3:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |



## B-3

### Problem-Solving Scenarios

***Note to Facilitators:*** Re-administer the following Problem-Solving Scenarios to each treatment participant during your one-to-one meeting following the delivery of the Intensive Phase of the DSAT program.

***Interviewer Script:***

**Now I would like to read you a number of situations. After listening to each one, please tell me all of the things you think you could or would do if you were in the situation.**

***Note to Interviewer:*** Write down responses as verbatim as possible.

1. It is New Year's Eve. In the past, you've always celebrated New Year's Eve by really getting high, but earlier this year you made a decision to stay off alcohol/drugs completely. You have been to treatment a couple of times, and you feel pretty good about your goal of abstinence. A new friend of yours is having a party. You've gone over to her place to help her get ready for the party. You're feeling a bit anxious because there will be people there you don't know. When people start to arrive it is clear they are ready to celebrate the New Year. Very soon after they arrive, the alcohol and drugs are flowing freely. Someone offers you one of your favorite drinks/drugs and tells you that you look like you need to have a good time. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***


1      2      3      4      5      6      7      8      9      10



2. You've met somebody new and you've now been going out for a couple of months — usually to see a movie or to go for coffee. He doesn't know you have a problem with drinking/drugs and have to abstain from all intoxicants. The two of you are really starting to click. For the past three Fridays he's been asking you to join him and some friends for after-work drinks. You've always found an excuse, but he's starting to get impatient. You are worried he thinks you want to dump him. From what he's told you, you are aware that a number of his friends like to really let loose on Fridays. It's his birthday this weekend and he really wants you to come with him. It is 2 o'clock on Friday afternoon and you are thinking about your new boyfriend. What do you do?

***On a Scale of 1-10 with 1 being “No confidence at all” and 10 being “Completely confident” how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



3. It's Saturday afternoon and you are at home listening to music. You are starting to get tired of staying home so often and feel a bit down and lonely. You go for a walk around your old neighborhood and bump into a girlfriend you haven't seen in a while, and her new boyfriend. You invite them back to your apartment for a coffee. You know there is a good chance that your friends will either have drugs or alcohol or know where to get them. Even though you have been able to resist using for the past two months you start feeling that you would like to use. "After all," you say to yourself, "just this once won't hurt." You try to forget about things by playing some music and catching up on some news. Right around this time, your friends start to cut some lines of high quality coke on your coffee table and then offer a line to you. What do you do? (*Note to Facilitators:* Replace with alcohol example, if required.)

**On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?**

1      2      3      4      5      6      7      8      9      10



**Note to Facilitators:** Skip this scenario if the interviewee has never used alcohol.

4. You are out with your partner at a party. You both drank way more than you planned to and it's time to go home. Earlier that night, you told your boyfriend that you would drive home. But you know for sure you are over the legal limit to drive — and so is he. A cab ride home will cost at least \$30.00 and between the two of you, you only have \$15.00. You also know of a back road route that is hardly ever patrolled by the police. Your boyfriend needs the car the next morning to get to work. He wants you to drive because he's already got one conviction for drinking and driving. What do you do?

***On a Scale of 1-10 with 1 being “No confidence at all” and 10 being “Completely confident” how confident are you that you handle this situation safely?***

1      2      3      4      5      6      7      8      9      10



5. You feel as though life hasn't been very kind to you lately. Last evening, your landlord told you he is raising the rent. As you left work this evening, your boss told you that he was cutting back your hours. You're feeling really upset and like your life is going backwards. You find yourself walking past a bar you used to go to, and where you used to drink and buy drugs. You know that you could get some drugs there. You start to remember the feeling of being high. You begin to think it would be a good idea to set your worries aside by scoring some drugs, going home, and getting high, but you have been abstinent from alcohol and drugs for the past six months. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

|  |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|----|
| 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |   |   |   |   |   |   |   |   |    |

**B-4****Post-Intensive Facilitator Ratings**

Circle the number that best describes the participant now.

*Note to Facilitators:* After delivering the Intensive Phase of the DSAT program, complete the following scales on each participant based on your assessment of their in-program performance.

**1. Recognition of Substance Abuse Problem** (To what extent does she recognize the specific short- and long-term effects of her substance use?)

| 1   | 2 | 3  | 4 | 5  |
|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Denies, or does not recognize having a significant problem with substances.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes many negative effects due to her substance use but minimizes or down plays the extent of her problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Openly recognizes numerous negative effects of her use and openly accepts having a significant drug/alcohol problem.</li> </ul> |

**2. Degree of Understanding of Personal Use** (To what extent does she recognize her specific reasons, or desired effect, for using drugs/alcohol?)

| 1   | 2 | 3   | 4 | 5   |
|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>Has no clear understanding of why she uses alcohol/drugs.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific reasons for her use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify the exact reasons for her use.</li> </ul> |

**3. High-Risk Identification Skills** (To what extent does she recognize the specific people, places, things and emotions that trigger her desires to use?)

| 1  | 2 | 3  | 4 | 5   |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>Makes no connection between people, places, things, events, emotions and drug/alcohol use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific triggers and their connections to using but does not recognize their full risk.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify many personal triggers and the risks they represent.</li> </ul> |

**4. Problem Solving** (How effective are her skills to identify a problem and employ appropriate steps to arrive at a solution that effectively addresses the problem?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>Applies a haphazard approach that results in ineffective solutions that create more problems for self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes some of the potential problems being faced and applies an approach that addresses some of the problem but does not bring closure to problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes when problems are developing and applies a coherent problem-solving process that completely addresses the problem.</li> </ul> |

**5. Social Skills** (How effective are her verbal and non-verbal communication skills, such as assertiveness, engaging in conversation and presenting self well, when interacting with others?)

| 1   | 2 | 3  | 4 | 5  |
|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Interactions with others are generally seen as negative, by self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Is somewhat effective with interactions with others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Interacts effectively with others.</li> </ul> |

**6. Goal Setting** (To what extent does she accept the need to address her life areas, such as lifestyle, leisure, family, relationships, self-care and employment, and how detailed and realistic are her steps for making lasting changes in these areas?)

| 1  | 2 | 3  | 4 | 5  |
|--|---|--|---|--|
| <ul style="list-style-type: none"> <li>Any set steps to achieve goals are flimsy at best.</li> </ul> |   | <ul style="list-style-type: none"> <li>Steps to achieving goals are somewhat unrealistic and under-developed.</li> </ul> |   | <ul style="list-style-type: none"> <li>Has well-developed short- and long-term steps to achieve her goals</li> </ul> |

**7. Level of Commitment to Making Changes** (How committed is she to making the necessary changes to her life in order to maintain long-term behavior change?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>No commitment.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes that she should make some changes, but is so far unwilling to commit to any plans.</li> </ul> |   | <ul style="list-style-type: none"> <li>Fully accepts her need to make changes and is committed to doing what ever it takes to reach her goals.</li> </ul> |

**8. Overall Coping Skills** (How effective are her thinking and behavioral skills to prevent risk situations, or to cope with risk situations to avoid slips and relapses?)

| 1  | 2 | 3  | 4 | 5  |
|--|---|--|---|--|
| <ul style="list-style-type: none"><li>• Demonstrated or described thinking and behavioral methods would likely create risk situations and result in a slip or relapse.</li></ul> |   | <ul style="list-style-type: none"><li>• Can demonstrate or identify some reasonably effective measures to avoid or cope with a risk situation.</li></ul> |   | <ul style="list-style-type: none"><li>• Can identify or demonstrate action and thinking strategies to cope effectively with potential risk situations.</li></ul> |



**C-1****Pre-Maintenance Drug Taking Confidence  
Questionnaire (DTCQ)**

Note to Facilitators: After administering the DTCQ during the Pre-Maintenance phase of the DSAT program, enter the final scores into the space provided in the chart below.

**Drug of Choice #1:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #2:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #3:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**C-2****Post-Maintenance Drug Taking Confidence  
Questionnaire (DTCQ)**

*Note to Facilitators:* After administering the DTCQ during the post-Maintenance Phase of the DSAT program, enter the final scores into the space provided in the chart below.

**Drug of Choice #1:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #2:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**Drug of Choice #3:**

|                          |  |                            |  |
|--------------------------|--|----------------------------|--|
| Unpleasant Emotions      |  | Urges/Temptations          |  |
| Physical Discomfort      |  | Conflict with Others       |  |
| Pleasant Emotions        |  | Social Pressure to Use     |  |
| Testing Personal Control |  | Pleasant Times with Others |  |

**C-4**

**Post-Maintenance**

**Problem-Solving Scenarios**

**Note to Facilitators:** Re-administer the following Problem-Solving Scenarios to each treatment participant during your one-to-one meeting following the delivery of the Maintenance Phase of the DSAT program.

**Interviewer Script:**

***Now I would like to read you a number of situations. After listening to each one, please tell me all of the things you think you could or would do if you were in the situation.***

**Note to Interviewer:** Write down responses as verbatim as possible.

1. It is New Year's Eve. In the past, you've always celebrated New Year's Eve by really getting high, but earlier this year you made a decision to stay off alcohol/drugs completely. You have been to treatment a couple of times, and you feel pretty good about your goal of abstinence. A new friend of yours is having a party. You've gone over to her place to help her get ready for the party. You're feeling a bit anxious because there will be people there you don't know. When people start to arrive it is clear they are ready to celebrate the New Year. Very soon after they arrive, the alcohol and drugs are flowing freely. Someone offers you one of your favorite drinks/drugs and tells you that you look like you need to have a good time. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



2. You've met somebody new and you've now been going out for a couple of months — usually to see a movie or to go for coffee. He doesn't know you have a problem with drinking/drugs and have to abstain from all intoxicants. The two of you are really starting to click. For the past three Fridays he's been asking you to join him and some friends for after-work drinks. You've always found an excuse, but he's starting to get impatient. You are worried he thinks you want to dump him. From what he's told you, you are aware that a number of his friends like to really let loose on Fridays. It's his birthday this weekend and he really wants you to come with him. It is 2 o'clock on Friday afternoon and you are thinking about your new boyfriend. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



3. It's Saturday afternoon and you are at home listening to music. You are starting to get tired of staying home so often and feel a bit down and lonely. You go for a walk around your old neighborhood and bump into a girlfriend you haven't seen in a while, and her new boyfriend. You invite them back to your apartment for a coffee. You know there is a good chance that your friends will either have drugs or alcohol or know where to get them. Even though you have been able to resist using for the past two months you start feeling that you would like to use. "After all," you say to yourself, "just this once won't hurt." You try to forget about things by playing some music and catching up on some news. Right around this time, your friends start to cut some lines of high quality coke on your coffee table and then offer a line to you. What do you do? (*Note to Facilitators:* Replace with alcohol example, if required.)

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



**Note to Facilitators:** Skip this scenario if the interviewee has never used alcohol.

4. You are out with your partner at a party. You both drank way more than you planned to and it's time to go home. Earlier that night, you told your partner that you would drive home. But you know for sure you are over the legal limit to drive — and so is he. A cab ride home will cost at least \$30.00 and between the two of you, you only have \$15.00. You also know of a back road route that is hardly ever patrolled by the police. Your partner needs the car the next morning to get to work. He wants you to drive because he's already got one conviction for drinking and driving. What do you do?

***On a Scale of 1-10 with 1 being “No confidence at all” and 10 being “Completely confident” how confident are you that you handle this situation safely?***

1      2      3      4      5      6      7      8      9      10



5. You feel as though life hasn't been very kind to you lately. Last evening, your landlord told you he is raising the rent. As you left work this evening, your boss told you that he was cutting back your hours. You're feeling really upset and like your life is going backwards. You find yourself walking past a bar you used to go to, and where you used to drink and buy drugs. You know that you could get some drugs there. You start to remember the feeling of being high. You begin to think it would be a good idea to set your worries aside by scoring some drugs, going home, and getting high, but you have been abstinent from alcohol and drugs for the past six months. What do you do?

***On a Scale of 1-10 with 1 being "No confidence at all" and 10 being "Completely confident" how confident are you that you could avoid using in this situation?***

1      2      3      4      5      6      7      8      9      10



**C-5****Post-Maintenance  
Facilitator Ratings**

**Circle the number that best describes the participant now.**

Note to Facilitators: After delivering the Maintenance Phase of the DSAT program, complete the following scales on each participants based on your assessment of their in-program performance.

**1. Recognition of Substance Abuse Problem** (To what extent does she recognize the specific short- and long-term effects of her substance use?)

| 1   | 2 | 3   | 4 | 5  |
|---|---|---|---|--|
| <ul style="list-style-type: none"> <li>Denies, or does not recognize having a significant problem with substances.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes many negative effects due to her substance use but minimizes or downplays the extent of her problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Openly recognizes numerous negative effects of her use and openly accepts having a significant drug/alcohol problem.</li> </ul> |

**2. Degree of Understanding of Personal Use** (To what extent does she recognize her specific reasons, or desired effect, for using drugs/alcohol?)

| 1   | 2 | 3   | 4 | 5   |
|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>Has no clear understanding of why she uses alcohol/drugs.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific reasons for her use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify the exact reasons for her use.</li> </ul> |

**3. High-Risk Identification Skills** (To what extent does she recognize the specific people, places, things and emotions that trigger her desires to use?)

| 1  | 2 | 3  | 4 | 5   |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>Makes no connection between people, places, things, events, emotions and drug/alcohol use.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify some specific triggers and their connections to using but does not recognize their full risk.</li> </ul> |   | <ul style="list-style-type: none"> <li>Can identify many personal triggers and the risks they represent.</li> </ul> |



**4. Problem Solving** (How effective are her skills to identify a problem and employ appropriate steps to arrive at a solution that effectively addresses the problem?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>Applies a haphazard approach that results in ineffective solutions that create more problems for self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes some of the potential problems being faced and applies an approach that addresses some of the problem but does not bring closure to problem.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes when problems are developing and applies a coherent problem-solving process that completely addresses the problem.</li> </ul> |

**5. Social Skills** (How effective are her verbal and non-verbal communication skills, such as assertiveness, engaging in conversation and presenting self well, when interacting with others?)

| 1   | 2 | 3  | 4 | 5  |
|---|---|--|---|--|
| <ul style="list-style-type: none"> <li>Interactions with others are generally seen as negative, by self and/or others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Is somewhat effective with interactions with others.</li> </ul> |   | <ul style="list-style-type: none"> <li>Interacts effectively with others.</li> </ul> |

**6. Goal Setting** (To what extent does she accept the need to address her life areas, such as lifestyle, leisure, family, relationships, self-care and employment, and how detailed and realistic are her steps for making lasting changes in these areas?)

| 1  | 2 | 3  | 4 | 5   |
|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>Any set steps to achieve goals are flimsy at best.</li> </ul> |   | <ul style="list-style-type: none"> <li>Steps to achieving goals are somewhat unrealistic and under-developed.</li> </ul> |   | <ul style="list-style-type: none"> <li>Has well developed short and long term steps to achieve her goals</li> </ul> |

**7. Level of Commitment to Making Changes** (How committed is she to making the necessary changes to her life in order to maintain long-term behavior change?)

| 1  | 2 | 3   | 4 | 5   |
|--|---|---|---|---|
| <ul style="list-style-type: none"> <li>No commitment.</li> </ul> |   | <ul style="list-style-type: none"> <li>Recognizes that she should make some changes, but is so far unwilling to commit to any plans.</li> </ul> |   | <ul style="list-style-type: none"> <li>Fully accepts her need to make changes and is committed to doing what ever it takes to reach her goals.</li> </ul> |

**8. Overall Coping Skills** (How effective are her thinking and behavioral skills to prevent risk situations, or to cope with risk situations to avoid slips and relapses?)

| 1  | 2 | 3  | 4 | 5  |
|--|---|--|---|--|
| <ul style="list-style-type: none"> <li>• Demonstrated or described thinking and behavioral methods would likely create risk situations and result in a slip or relapse.</li> </ul> |   | <ul style="list-style-type: none"> <li>• Can demonstrate or identify some reasonably effective measures to avoid or cope with a risk situation.</li> </ul> |   | <ul style="list-style-type: none"> <li>• Can identify or demonstrate action and thinking strategies to cope effectively with potential risk situations.</li> </ul> |

**9. Acceptance of Aftercare** (To what extent does she recognize and accept the need to include and involve herself with groups and with other people outside of this program?)

| 1   | 2 | 3   | 4 | 5   |
|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>• Has no interest in seeking outside support or assistance from others.</li> </ul> |   | <ul style="list-style-type: none"> <li>• Is taking superficial steps to involve others or to include self in aftercare such as self-help groups.</li> </ul> |   | <ul style="list-style-type: none"> <li>• Acknowledges the need to seek support and assistance from others and is actively taking steps to include self in aftercare.</li> </ul> |